
Health Care Quality Report Cards

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Overview

- Types of report cards
 - Process report cards
 - Survey report cards
 - Outcomes report cards
- Strengths and weaknesses of each type of report cards
 - Main weakness of outcomes report cards: incentives for doctors and hospitals to select healthy patients to “game” the report card
- New research evaluating the cardiac surgery report cards from New York and Pennsylvania

Process report cards

Process report cards describe the inputs that a physician, hospital, or health plan uses in treating its patients

- The percentage of women aged 52-69 who received a mammogram to test for breast cancer within the past 2 years
- The number of nursing staff hours per resident per day in a nursing home
- The use of a computerized medication ordering/prescribing system that automatically checks for drug interactions and dosage errors

Example – The Leapfrog Group

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THE LEAPFROG GROUP : for Patient Safety Rewarding Higher Standards

Founded By [The Business Roundtable](#)

With Support From [National Health Care Purchasing Institute](#)

Composed of more than 135 public and private organizations that provide health care benefits, The Leapfrog Group works with medical experts throughout the U.S. to identify problems and propose solutions that it believes will improve hospital systems that could break down and harm patients. Representing approximately 33 million health care consumers in all 50 states, Leapfrog provides important information and solutions for consumers and health care providers.

The Leapfrog Group focuses on the quality of certain aspects of care relevant to urban area hospitals. Patients are usually in fragile health when in the hospital and the consequences of preventable medical mistakes can be serious. All hospitals are invited to complete the [web survey](#) and share information with their communities about their efforts to reduce preventable medical mistakes.

The Leapfrog Group

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Survey report cards

Survey report cards present patients' subjective evaluations of quality of care and/or customer service

- On a scale of 1 to 5, did your doctor and/or hospital employees respect your preferences in the course of your hospital stay?
- Did your doctor and/or hospital employees adequately treat the pain you experienced in the course of your hospital stay?
- Did your doctor or medical group schedule an appointment for you promptly?

Example: HealthScope - PBGH



HealthScope
An independent source of information to help you select the best quality health care in California

HEALTH PLANS HOSPITALS MEDICAL GROUPS HEALTH RESOURCES

How to Use HealthScope

Some health care providers and health plans provide great care and service. Others don't. In choosing health plans, hospitals, doctors and medical groups, use these ratings to find:

- Doctors and staff who take the time to know you and your health care needs
- Timely health care, without unnecessary waits or worries
- Help so that small health problems don't become big problems when early signs are missed
- Providers who make sure patients get the right care at the right time
- People and places that are preventing dangerous errors in patient care

See how other Californians rate their care and service and learn how good your care can be.

To start, choose a topic above or get quality ratings by selecting a report at the right.

Quality Ratings

1. Select a Report
 - Health Plans
 - Hospitals
 - Medical Groups
2. Select a County
 - Alameda
 - Alpine
 - Amador
 - Butte
 - Calaveras

VIEW REPORT

Directory

- Find a Physician
- Find a Dentist

BEGIN SEARCH

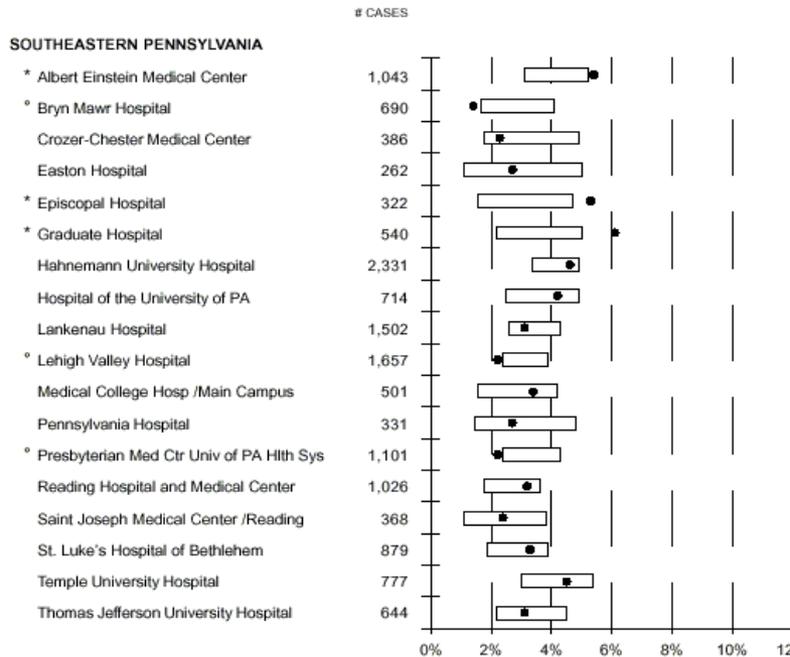
Outcomes report cards

Outcomes report cards present average levels of adverse health outcomes (mortality or complications rates) experienced by patients in a plan or treated by a doctor or hospital

- The percentage of patients receiving cardiac bypass graft surgery who died within 90 days of the surgery
- The percentage of patients in a nursing home with bed (pressure) sores
- The percentage of heart attack patients who were readmitted to the hospital within 90 days of onset of illness

Example: Pennsylvania CABG surgery

FIGURE 2C: Actual to Expected Mortality, by Hospital, 1994-1995



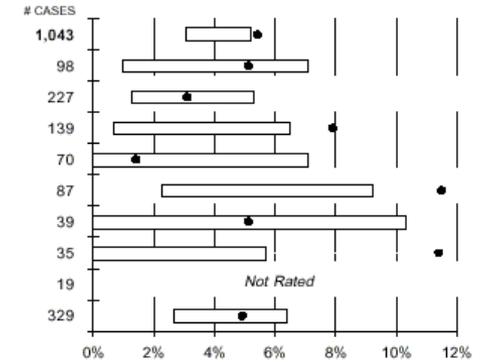
KEY
 * Actual Mortality significantly higher than Expected
 ° Actual Mortality significantly lower than Expected
 • Actual Mortality Rate
 □ Range of Expected Mortality

FIGURE 3C: Actual to Expected Mortality, by Cardiac Surgeon, 1994-1995

SOUTHEASTERN PENNSYLVANIA

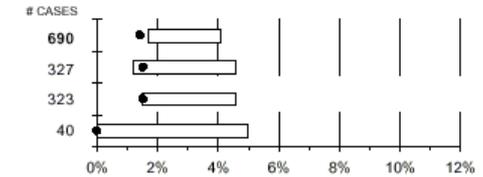
* Albert Einstein Medical Center

- Ablaza, Sarel G. ²
- Adkins, Mark
- * Cavarocchi, Nicholas C. ²
- Connolly, Mark W.
- * Ghosh, Suresh C.
- Grana, Vicente P.
- * Larrieu, Alberto J.
- Levine, Frederick Hugh
- Weiss, Steven J.



° Bryn Mawr Hospital

- Boova, Robert S.
- Davis, Paul K.
- Plzak, Louis F., Jr. ⁵



KEY
 * Actual Mortality significantly higher than Expected
 ° Actual Mortality significantly lower than Expected
 2,3,4 Number of Hospitals where Surgeon Performed CABG
 • Actual Mortality Rate
 □ Range of Expected Mortality

Strengths and weaknesses of each type

Process report cards can be developed easily with administrative databases, but...

- They focus on a limited range of (mainly preventive) medical services
- They measure whether a service was provided, but not its appropriateness, its quality, or its importance in producing good health

Strengths and weaknesses of each type

Survey report cards provide valuable information on the subjective aspects of medical care, but...

- They also do not measure the extent to which the policies or treatment decisions of a doctor, hospital, or health plan leads to objective improvements in patient health

Strengths and weaknesses of each type

Outcomes report cards provide objective measures of differences in quality of care, but...

- Because health outcomes are a product of the skill and effort of providers and the characteristics of patients, outcomes report cards may encourage doctors or hospitals to “game” the system by avoiding sick and/or seeking healthy patients

Selection in outcome report cards – in theory

- One medically appropriate factor in decision whether to perform (for example) cardiac surgery on a patient is that patient's health status
- This gives doctors and hospitals the opportunity to decline to include patients in their panel for valid medical reasons
- Even though outcomes report cards adjust for differences across doctors and hospitals in the characteristics of their patient panel, doctors and hospitals are likely to have better information on patients' health than even the most clinically detailed database

New research on outcomes report cards

David Dranove, Mark McClellan, Mark Satterthwaite and I study the consequences of CABG surgery report cards adopted in New York and Pennsylvania in the 1990s (published in June 2003 Journal of Political Economy)

- Use longitudinal data on treatment decisions, medical expenditures, and health outcomes of elderly Medicare beneficiaries from 1987 to 1994
- Effect of report cards is the difference in trends in NY and PA after adoption of report cards versus before, compared to difference in trends in 'control' states

New research on outcomes report cards

Problem: Can't assess consequences of CABG report cards with a population of CABG patients (as previous work has done), because report cards may affect the unobservable composition of the population in terms of illness severity

- Solution: study the consequences of report cards for elderly heart attack (AMI) patients, under the assumption that care of AMI patients is affected by report cards but composition of AMI population is not

New research on outcomes report cards

Trends in the severity of illness of AMI patients in NY and PA, as measured by hospital utilization in the year prior to admission, are virtually identical to trends in other 'control' states

Trend in AMI patients' illness severity similar in all states

After report cards

Before report cards

Mean Expenditures in Year Prior to Admission for AMI or for CABG Surgery, Elderly Medicare Beneficiaries, 1990 and 1994

	All AMI patients			All patients receiving CABG within 1 year of admission			AMI patients receiving CABG within 1 year of admission		
	1990	1994	% chg	1990	1994	% chg	1990	1994	% chg
NY and PA	\$3110	\$3373	0.0846	\$4850	\$4511	-0.0699	\$1867	\$1702	-0.0883
All other states	2660	2910	0.0940	3657	3660	0.0008	1537	1585	0.0312
CT, MD, NJ only	3055	3318	0.0861	5015	4934	-0.0162	1911	1859	-0.0272

New research on outcomes report cards

Report cards led to a decline in the illness severity of patients receiving CABG surgery in NY and PA, relative to patients from states without report cards, as measured by hospital utilization in the year prior to admission

Trend in AMI patients' illness severity similar in all states

...but CABG patients illness severity declined more in NY and PA than everywhere else

After report cards

Before report cards

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New research on outcomes report cards

The selection of healthier patients for CABG surgery had adverse consequences for AMI patients

- Report cards led to higher costs for both healthier patients (who got more CABG surgeries) and sicker patients (despite stable/declining surgery rate)
- Report cards led to (roughly) unchanged outcomes for healthy and much worse health outcomes for sick patients

Conclusions

- Each type of report card – process, survey, and outcomes – has strengths and weaknesses
- Outcomes report cards provide objective measures of differences in quality of care, but are subject to “gaming” that has important consequences for patients
- Design outcomes report cards to minimize opportunities for gaming
 - For example, as many states have begun to do, base report card on all patients with an illness, not those receiving a procedure